Ш					
∦	PLACE OF BIRTH	ARIZON	A STATE B	OARD OF HEALTH	
	County of Lila	BUREAU OF VIT	TAL STATISTICS	State Index No.	
	District of	ORIGINAL CERTIFICATE OF BIRTH		H Co. Register No. 246	
	Town of Corpor Held.			Local Registrar's No	
ľ	Or City of	(No		St;Ward)	
ľ	7/.	'as to S		- ( Born ) YES	
١	FULL, NAME OF CHILD	montal Banart on blank	k obtainable from loc	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	If child is not named, make Supplemental Report on blank obtainable from local registrar. (Alive ) AG				
	Sex of Twin, Triplet Or other	and Number in order of birth	/ Legin-	Birth (Month) (Day) (Yr.)	
	Full FATHER Full MOTHER				
	Name alverto Non	nuguo	Name you	a Dalcido	
4	Residence Common Hill	p O	Residence Com	yer Hill	
ir Di	Color Age at	last 35	Color or Race	Age at last Birthday	
177	or Race Birth	(Years)	Mex	(Years)	
Birthplace Mexico Birthplace Clifton and			ton ariz		
2	Occupation fourante				
77407	10		14	1	
ء <u>ا</u> ي	Number of child of this mother Number of Ch	ildren, of this mother, now living	Were precautions to	ken against Ophthalmia neocatorum?	
1	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
2		I hereby certify that I attended the birth of the above child; and that it occurred on the 1912, at 4 M.			
7	I hereby certify that I attended the birt	h of the above child; and	d that it occured on &	me 11 132, at 4 AM.	
21 L 22 - 11 -	*When there is no attending the	rsi- 1		me 17 132 at 4 AM. V. Horst M. S	
21 £ 3 4 + 1 1 1 1 1 1		rsi- 1	Signature)	me 11.342, at 4 A.M. N. Howst. M. S., physician, midwife, householder.*)	
211111111111	*When there is no attending the	ysi- der }	Signature)	me 1 1912, at 4 M. N. Horst. M. S. physician, midwife, householder.*) Cose Augore.	
2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	*When there is no attending ph cian or midwife, then the household should make this return.	der (S	Signature)(Attending	Cose arrore.	
21 4 22 4 12 12 1 1 1 1 1 1	*When there is no attending physician or midwife, then the household should make this return.  Given or Christian name added from supplemental report	der (S	Signature)(Attending	physician, midwife, householder.*)  LOCAL REGISTRAR.	
24 1 24 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	*When there is no attending physician or midwife, then the household should make this return.  Given or Christian name added fro	ysider { (Som a Filed 6 ~ 2.2)	Address	Cose arrore.	